		(For use		INCIDENT REPO		t aganay is OT	SG 1	· ·			
fur and act	uality Management Document u rther released under penalty of d up to \$20,000 in the case of tions under the UCMJ and/or ac	Privacy inder 10 US the law. U f a subseque dverse adm	y Act of 1974, SC 1102. Copie Inauthorized discent offense. In hinistrative action	5 USC 552a governes of this document closure carries a standardition to these ston, including separat	ns access , enclosu atutory p tatutory tion from	s to this docum ures thereto, ar penalty of up to penalties, unau n military or civi	nent. nd inform \$3,000 ithorized ilian serv	in the case of a first disclosure may lead vice.	t offense		
_	structions: See page 2 for instr	ructions in o		s of term							
1. DATE OF EVENT (YYYYMMDD)			2. TIME OF EVENT (Military time.)			3. LOCATION OF EVENT					
	This incident was a/an: (Check of	54.10.1	Actual Even			ear Miss/CloseC	Call*				
	This incident involved harm or				□ N	0			il jot um hansa		
		ber (Adu	ult Child < 1	18 years old)		Member	Visitor	Volunteer	Other		
7.	Type of Event. (Check all that appl	y) NOTE: Itel	ns marked with ** r	equire additional action; se	e reverse fo	or further detail.					
	Adverse Drug Reaction**	-	Fall			F	roperty	Damaged/Destroyed	in the second		
_	AMA/Left Without Being See	n**	Infant Abduction			F	Property Lost/Stolen				
	Assault (e.g., physical, verbal, emoti	Infant Discharge to Wrong Family			F	Radiology Related					
	Blood Products Related**		Laboratory Related			F	Rape				
	Delay in: Diagnosis/Treatmen	Delay in: Diagnosis/Treatment/Transfer		Medication Related			Restrained Patient Injury				
	Equipment/Supply Problem**		Needle	Stick/Sharps Injury		S	Suicide in a 24-hour Facility				
	Exposure to Blood/Body Fluid	s	Obstetrics Related			C	Other (Specify)				
	Facility/Physical Plant Problem	Facility/Physical Plant Problem			Operative/Invasive Procedure Relate						
	Effect of this Incident on the In No harm*sustained	☐ Har	rm sustained								
	Witness(es) who may be able p	provide add	itional detail co		nt. ephone N	lumber			100		
a.	Ivallic			0. 100	priorie	lumber					
_	HER THE RESERVE										
-			the state of the s								
10	Denostropation in this	- I- sidont									
10.	Department(s) Involved in this										
_	Ambulatory Care		ation Manageme			sing	89.1.1. Tu	Radiology			
-	Behavioral/Mental Health	Laborat				GYN	22.5	Surgery			
- 1	Dental			ounds, Housekeeping)	30 - 900 1 35 - 7		Ot	her (Specify)			
	Emergency Care	Medicin		Pharmacy							
11. Description of Incident. (Provide concise, factual, objective details.)											
		(If more space is needed, use reverse or attach an additional page.)									
12.	. What actions, if any, could ha	ave been ta	ken to prevent	this incident from o	ccurring	?					
13.	. Patient ID Plate or Printed Name and SSN, Address, and Daytime Telephone Number			14. Name, Grade, Title of Individual Completing Form							
				15.Sign	15.Signature 16. Date of Report						
			Incides	FOR ADMINISTRATIVE USE ONLY. Incident Log Number SAC score							
				Incident Log Number SAC score Is additional event analysis required? YES NO							

- 1. PURPOSE. To provide an effective method of documenting events which may have quality assurance/risk management implications involving patients, visitors, or others. The reported data are used to monitor, evaluate, and improve functional processes, the environment of care, as well as the quality and safety of patient care and services. Based on the nature of the incident, other documentation (e.g., Patient Safety, Risk Management, etc.) may be required IAW local policy.
- 2. RESPONSIBILITY. The staff member who discovers the event or incident will initiate this document. All incidents should be recorded as soon after discovery as possible.

3. DIRECTIONS FOR COMPLETION OF FORM.

- a. Block 1-16. Fill in all numbered blocks. If "Not Applicable" or "None", so state. If "Other" is marked for any response, please explain in the blank space provided, or in Block 11, Description of Incident.
- b. Block 5. For those incidents involving harm, or the potential for harm, to a patient (inpatient or outpatient), refer to MTF Patient Safety guidance for additional documentation requirements.
- c. Block 6. A patient may be involved in an incident that is *not* classified as a Patient Safety event, i.e., personal harm, or the risk of harm, was not present. Examples include: loss of valuables, a verbal altercation with another patient, etc.
 - d. Block 7. (1) For an adverse drug reaction, also complete FDA Form 1839, Adverse Reaction Report (Drugs and Biologics).
 - (2) For a blood products reaction, also complete the bottom portion of SF 518, Medical Record Blood or Blood Component Transfusion and any other local documentation IAW MTF policy.
 - (3) For patients who depart AMA/Left without Being Seen, also complete DA Form 5009, Release Against Medical Advice.
 - (4) For medical equipment related incidents, contact Logistics Division for other required action IAW AR 40-61.
- e. Block 8. Indicate the initial effect or injury (physical or psychological) sustained by those involved in the incident being reported. Individuals who are injured as a result of an incident or adverse event should be referred immediately for medical attention. The facility Risk Manager will be notified of any incident that results in harm to the individual(s) involved.
 - f. Block 9. List any witnesses to the event that may be asked to provide additional verbal or written information.
 - g. Block 10. Note the departments involved with this incident to ensure that corrective action, if appropriate, can be taken.
 - h. Block 11. Provide a brief but concise explanation of what occurred. Avoid speculation related to the cause of the incident.
- 4. ROUTING OF FORM. This document should be forwarded through appropriate local channels. At a minimum, it should be staffed within 24 hours of incident identification through the Departments/Services concerned. This form will be submitted to the MTF Patient Safety Manager, Risk Manager, or other responsible individual IAW local policy, NLT 48 hours after the event.

5. DEFINITION OF TERMS.

- a. Actual Event/Incident A situation that did occur either with or without harm or injury to the individual(s) involved.
- b. Harm Personal injury or damage of a physical or a psychological nature as a result of an incident.
- c. Near Miss/Close Call An event or situation that could have resulted in harm or injury to the individual(s) involved but did not, either by chance or through timely intervention. The event was identified and resolved before reaching the individual(s) involved.
- 6. ADDITIONAL COMMENTS/DATA.